PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000

or <u>Fax</u>

	INSTRUCTIONS: This fo appropriate. All further co- indicated unless corrected maintenance fee notification	below or directed otherwise	smitting the ISSU Patent, advance or in Block I, by (a	TE FEE and ders and not specifying	PUBLICATION FEE (if requification of maintenance fees vanew correspondence address;	ired). Blocks 1 through 5 s vill be mailed to the current and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for	
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 38834 7590 07/28/2004 WESTERMAN, HATTORI, DANIELS & ADRIAN, LL 1250 CONNECTICUT AVENUE, NW SUITE 700 WASHINGTON, DC 20036				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must			
					have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
1\P 0	5/2004 EABUBAK2 00000	1	SEP 1 & 2004	병			(Depositor's name)	
	4770 00 00						(Signature)	
02 E	C:1501 1330.00 OP\2 C:1504 300.00 OP\2			RE /			(Date)	
03 F	0.4000 P			FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/694,982	10/29/2003			a Kanda	990249A	5345	
	TITLE OF INVENTION: SEMICONDUCTOR MEMORY DEVICE AND METHOD OF CONTROLLING THE SAME							
	APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	onprovisional NO \$1330)	\$300	\$1630	10/28/2004	
	EXAMINER		ART UNIT		CLASS-SUBCLASS			
	CHACE, CHRISTIAN		2187		711-167000			
	CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON TO PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment.			
	(A) NAME OF ASSIGNEE (B				B) RESIDENCE: (CITY and STATE OR COUNTRY)			
	. FUJITSU LIM	Kawasaki, Japan						
	Please check the appropriate	e assignee category or catego	ories (will not be pr	inted on the	patent); 🔾 individual 💢	corporation or other private g	roup entity 🚨 government	
	a. The following fee(s) are enclosed: 4b. Payment of				Fee(s):			
	当 Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			MA check in the amount of the fee(s) is enclosed.				
				•	by credit card. Form PTO-2038			
	Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2866 (enclose an extra copy of this form).				
	5. Change in Entity Status (from status indicated above) • a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.				ant is not claiming SMALL EN	TITY status. See, e.g., 37 CF	R 1.27(g)(2).	
	NOTE: The Issue Fee and P	rublication Fee (if required) ords of the United States Pat	will not be accepted	d from anyon Office.	ny) or to re-apply any previousle other than the applicant; a reg			
	This collection of informatian application. Confidential submitting the completed at this form and/or suggestion. Box 1450, Alexandria, Virginia 22313.	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C pplication form to the USPT s for reducing this burden, sinia 22313-1450. DO NOT 1450.	11. The information 122 and 37 CFR O. Time will vary hould be sent to the SEND FEES OR O	on is required 1.14. This co depending u e Chief Infor COMPLETE	to obtain or retain a benefit by illection is estimated to take 12 pon the individual case. Any comation Officer, U.S. Patent and D FORMS TO THIS ADDRES.	Trademark Office, U.S. Deps. S. SEND TO: Commissioner	ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

TRANSMIT THIS FORM WITH FEE(S)